

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		1					54						
5		1					55						
6		2					56						
7		3					57						
8		2					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14		4					64						
15							65						
16							66						
17		2					67						
18		2					68						
19		1					69						
20		2					70						
21		2					71						
22		4					72						
23		2					73						
24		3					74						
25		2					75						
26		2					76						
27	1						77						
28							78						
29	1						79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	53						TOTAL CLAIMS						